

YORK COUNTY

Benefits Package

CONTACT

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Health Insurance

The County currently holds health insurance through Medica. Options for spouse, children and family plans are available with the County paying a portion of the monthly premium.

County Retirement Plan

Retirement is mandatory and is administered by Nebraska Public Employees Retirement Systems. The employee contributes 4.5% and the County matches that at 150%, contributing 6.75% each pay period. After three years of employment, the employee is 100% vested in retirement.

Life Insurance

York County provides a \$15,000 life insurance policy for each full-time employee.

Paid Time Off Benefits

Full-time employees are eligible for sick leave, vacation leave, compensatory time (in lieu of overtime, if chosen) and holiday hours. Sick leave is accrued at the rate of one day per month, or 12 days annually. Vacation is earned after one year of employment, then accrues on a biweekly basis. The County recognizes 13 holidays throughout the year.

Deferred 457 Retirement Plan

This is an optional, additional retirement plan. It is done at the employee's expense and the County does not contribute to it. The employee can choose where to invest this money.

Voluntary Term Life Insurance

Employees have the option to elect additional life insurance policies through this benefit. There are plan options for self, spouse, and children with varying election amounts.

Elective Insurances

The County offers vision, dental, and AFLAC insurances to its employees. If elected, these policies are paid for by the employee. There is an annual enrollment period every year for these insurances.

Health Insurance (per month) PPO Plan Employee Only \$50

Employee Only \$50 Employee/Spouse \$550.00 Employee/Children \$500.00 Employee/Family \$900.00

HSA Plan

Employee Only \$0 Employee/Spouse \$550.00 Employee/Children \$500.00 Employee/Family \$900.00

*The County contributes \$100 per month to your HSA account if this plan is selected

Deferred 457 Retirement Plan

Minimum contributions are \$25.00 per month/\$12.50 biweekly.

Elective Insurances

Voluntary Term Life Insurance

Amounts vary based on policy selected.

Vision (per month)

Employee Only \$8.26 Employee/Spouse \$15.91 Employee/Children \$16.64 Employee/Family \$25.96

Dental (per month)

Employee Only \$28.24 Employee/Family \$77.32

AFLAC

Amounts vary based on policies selected.

EMPLOYEE COST

Updated: 01/01/2023